

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000050825

Entity Name: KEYSERIES LLC**Current Principal Place of Business:**110 WASHINGTON AVE
NORTH HAVEN, CT 06473**Current Mailing Address:**110 WASHINGTON AVE
NORTH HAVEN, CT 06473 US**FEI Number:** 27-0239099**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YELLAPPA REDDY, GODA RUDRAPPA
8339 COPPERWOOD LANE
JACKSONVILLE, FL 32216 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** YELLAPPA REDDY GODA RUDRAPPA

03/02/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name JAYARAJ, JAYALAKSHMI
Address 110 WASHINGTON AVE
City-State-Zip: NORTH HAVEN CT 06473

Title MEMBER
Name KANAPURAM, RAGHAVENDRA
Address 110 WASHINGTON AVE
City-State-Zip: NORTH HAVEN CT 06473

Title AUTHORIZED MEMBER
Name THOTAM, PADMAVATHAMMA
Address 110 WASHINGTON AVE
City-State-Zip: NORTH HAVEN CT 06473

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAYALAKSHMI JAYARAJ

MANAGING MEMBER

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date